

PATENT APPLICATION
TRANSMITTAL

Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 248197US2DIV

First Inventor or Application Identifier	Katsuhiko SATO
--	----------------

Title	MODULAR SUBMERSIBLE REPAIRING SYSTEM AND REPAIRING METHOD
-------	---

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Commissioner for Patents
Mail Stop Patent Application
Alexandria, Virginia 22313

1. ☒ **Fee Transmittal Form (e.g. PTO/SB/17)**
(Submit an original and a duplicate for fee processing)
2. ☒ **Specification** **Total Sheets** 14
3. ☒ **Drawing(s) (35 U.S.C. 113)** **Total Sheets** 8
4. ☒ **Oath or Declaration** **Total Pages** 5
- a. ☐ **Newly executed (original or copy)**
- b. ☒ **Copy from a prior application (37 C.F.R. §1.63(d))**
(for continuation/divisional with box 17 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in
the prior application, see 37 C.F.R. §1.63(d)(2) and
1.33(b).
5. ☐ **CD-ROM or CD-R in duplicate, large table or Computer
Program (Appendix)**
6. ☐ **Nucleotide and/or Amino Acid Sequence Submission**
(if applicable, all necessary)
- a. ☐ **Computer Readable Form (CRF)**
- b. **Specification or Sequence Listing on :**
- i. ☐ **CD-ROM or CD-R (2 copies); or**
- ii. ☐ **Paper**
- c. ☐ **Statements verifying identity of above copies**

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☒ Application Data Sheet. See 37 CFR 1.76
9. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☒ Preliminary Amendment
13. ☒ White Advance Serial No. Postcard
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Applicant claims small entity status.
See 37 CFR 1.27
16. ☒ Other: Request for Priority

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP)

of prior application no.: 10/009,996

Prior application information: Examiner: COZART, JERMIE E.

Group Art Unit: 3726

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.


18. CORRESPONDENCE ADDRESS

Customer Number

22850

(703) 413-3000

FACSIMILE: (703) 413-2220

Name:	Eckhard H. Kuesters	Registration No.:	28,870
Signature:		Date:	2-9-04
Name:	Philip J. Hoffmann	Registration No.:	46,340



Docket No. 248197US2DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Katsuhiko SATO et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: MODULAR SUBMERSIBLE REPAIRING SYSTEM AND REPAIRING METHOD

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	1 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x \$86 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$770.00
TOTAL OF ABOVE CALCULATIONS				\$770.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$770.00

☐ Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.

☐ A check in the amount of to cover the filing fee is enclosed.

☒ Credit card payment form is attached to cover the filing fee in the amount of **\$770.00**

☒ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Eckhard H. Kuesters
Attorney of Record
Registration No. 28,870
Philip J. Hoffmann
Registration No. 46,340

Date: 2-9-04

Customer Number

22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 05/03)